

Submission Checklist and Helpful Tips for Completing the EZ-6R

The purpose of this checklist is to reduce the possibility of your application being returned to you. To ensure a complete application, please review the Virginia Enterprise Zone Tax Credit Instruction Manual dated January 2004 (available at www.dhcd.virginia.gov) and consult your tax professional.

All Applicants

- ☐ The applicant is a business and is located within the boundaries of a Virginia Enterprise Zone. Please confirm the location with the appropriate Local Zone Administrator as listed in Appendix A.
- ☐ The entity conducting business in the building is the entity making the improvements. The tax credit is only available to the entity that both conducts business in the building, as the owner-occupant or lessee, and makes the improvements to the real property. See the Pass Through Entity section for the only circumstance in which an entity different from the entity occupying the building may make the improvements and qualify for the credits.
- ☐ Rehabilitation and expansion projects must include a copy of the real property assessment provided by the local jurisdiction indicating the assessed value of **the building** prior to the improvements being made.
- ☐ Include a list of the actual qualified improvements made to the real property and the associated costs. The improvements and costs must be itemized (do not round totals), and the list must be certified and signed by the same CPA completing the application form. An example of an itemized list is on page 40.
- ☐ Include a Final Certificate of Occupancy, Final Building Inspection notice or equivalent issued by the locality showing the date the building was placed in service. The date placed in service must fall within the tax year for which the business is seeking the credit. The term CO is used to mean any of these documents.
- ☐ Check the multi-tenant/residential proration box if applicable.

Owner Occupant Applicants

- ☐ The CO must be issued to the business firm that occupies the building and qualifies for the tax credit (i.e. names must match). Please contact us if this is not the case.
- ☐ The CO and the real estate assessment must include the building's physical address, which should match the physical address on the 6R. These should be official documents from the locality or on the locality's letterhead.

Leasehold Applicants

- ☐ The CO and the real estate assessment must include the building's physical address, which should match the physical address on the 6R. These should be official documents from the locality or on the locality's letterhead.
- ☐ You must attach a copy of your lease. The lease should indicate the lessee, lessor, and the total square footage being rented for a time period that includes the applicant's qualification year and must be signed and dated by all representative parties.

Pass-through Entities

- ☐ The pass-through entity must be 100 percent owned by the operating company, and only the operating company, **and** it, itself, is not subject to income tax and passes items of income, deductions and other tax attributes through the operating company.
- ☐ If the applicant is a wholly owned pass-through entity of the operating company, include a statement to that affect showing the relationship of the pass-through entity to the operating company. This statement must be certified and signed by the same CPA completing the application form.
- ☐ Form EZ-6R has been completed and signed by both the business firm representative and a CPA licensed in Virginia. Provide the Virginia license number of the CPA.

Submitting the Application

- ☐ The application **must be** a 6-series form and printed on 8½" x 14" paper, which is standard legal-sized paper. The minimum font size is 11 point.

Remember These Tax Credit Deadlines

May 1st – Firm submits to DHCD.

June 1st – DHCD notifies firm of deficiencies.

June 15th – Firm resubmits, if necessary.

June 30th – DHCD notifies firm of qualification.

July – Qualified Partnerships, S-Corps, and LLCs send Taxation an electronic version of details about partners or shareholders. See Appendix E.

If any of the required submittal dates fall on a weekend or holiday, the due date is the next business day.

Please do not hesitate to contact DHCD at (804) 371-7030 or via e-mail at EZONE@dhcd.virginia.gov with any questions you might have about how to qualify or complete the applications.



VIRGINIA ENTERPRISE ZONE PROGRAM
Real Property Improvement Tax Credit Qualification Form
Print on 8½" x 14" paper.
Read Tax Credit Instruction Manual before completing this form.

Form EZ-6R
Real Property

PART I: BACKGROUND INFORMATION

1. Zone Name		Zone #		Zone Designation Date (MM/DD/YYYY)	
2. Date Real Property Placed in Service (To verify this date, attach a copy of the final Certificate of Occupancy issued by the local building department.) (MM/DD/YYYY)					
3. Business Firm Legal Name			Trading Name, if Different than Legal Name		
4. Federal Employment ID# (FEIN)			Activity # (First three digits of the NAICS. See Instruction Manual.)		
5. Principal Mailing Address			City	State	Zip Code
6. Physical Address of Zone Establishment (if different from above)			City/County/Town		
7. Business Firm Contact Person		Title	Daytime Phone # ()		E-mail Address
8. If the Firm is a Subsidiary, Name of the Parent Company			Federal Employment ID# (FEIN) of Parent Company		
9. Check the type of Applicant.					
<input type="checkbox"/> Leases the building and conducts business in the building (Attach a copy of the lease.)			<input type="checkbox"/> Owns building and is a wholly owned conduit of the entity that conducts business in the building		
<input type="checkbox"/> Owns building and conducts business in the building					
10. Check the type of real property improvement that was made.					
<input type="checkbox"/> Rehabilitation of an existing facility			<input type="checkbox"/> New Construction		
<input type="checkbox"/> Expansion of an existing facility					
11. Check the type of Business Organization. (If "other," explain type.)					
<input type="checkbox"/> Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	
<input type="checkbox"/> S Corporation		<input type="checkbox"/> Limited Liability Corporation		<input type="checkbox"/> Other: _____	
12. Check the type of state tax that applies to this firm.					
<input type="checkbox"/> Corporate Income Tax			<input type="checkbox"/> Franchise Tax on Net Capital		
<input type="checkbox"/> Franchise Tax or License Tax on Gross Receipts			<input type="checkbox"/> Individual Income Tax		

PART II: QUALIFICATION INFORMATION

1. Qualification is requested for taxable year beginning _____ (MM/DD/YYYY) and ending _____ (MM/DD/YYYY).

2. Eligibility Test

A. Assessed value of real property (building only, do not include value of the land) prior to rehabilitation or expansion A _____
Attach a copy of the assessed value, as determined by the locality's assessor's office.
☐ Check here if a multi-tenant or residential proration was used and attach the proration and square footage documentation

B. Actual dollar amount of qualified zone improvements made by applicant. B _____
Attach a list certified by the CPA that itemizes the types and costs of qualified zone improvements made to the property. (See instructions.)

C. Multiply line (b) by 30%. This is the amount of credit the applicant is requesting. This amount cannot exceed \$125,000. C _____

3. Has the applicant received state real property improvement credits in the last four years? ☐ YES ☐ NO
If yes, attach a list indicating the year(s) and amount(s) received. Then, list here the total amount received in past four years.
If no, place "N/A" on this line. \$ _____

Part III: DECLARATION

1. BUSINESS FIRM REPRESENTATIVE: I, the undersigned representative of the business firm for which this request is made, declare that this request has been examined by me and is, to the best of my knowledge, an accurate statement. I am authorized to sign on behalf of the applicant.

Signature		Typed or Printed Name		Title		Date (MM/DD/YYYY)	
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2. CERTIFIED PUBLIC ACCOUNTANT: I, the undersigned, declare that this form has been prepared by me and is, to the best of my knowledge, an accurate statement; I further affirm that this business firm meets the requirements for becoming a qualified firm as set forth in the Rules and Regulations of the Virginia Enterprise Zone Program and that the establishment listed in Part I, Item 4 is located within the boundaries of the enterprise zone. I further affirm that I am licensed by the Commonwealth of Virginia and I am not an employee of the business firm which is seeking to qualify for State tax incentives under this Program.

Signature of CPA		Typed or Printed Name			Date (MM/DD/YYYY)		
VA License #	Daytime Telephone Number ()		E-mail address				
Accounting Firm		Address		City	State	Zip	

DHCD Use Only:	Date Received	Number Assigned:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
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KEEP A COPY OF THIS FORM FOR YOUR RECORDS. Due date is May 1st of the calendar year subsequent to the taxable qualification year (Part II, Item 1). Send the original copy via United States Postal Service certified mail (postmarked no later than May 1st) or hand deliver by 5 p.m. May 1st, to the Virginia Department of Housing and Community Development, Enterprise Zone Program, 501 North Second Street, Richmond, VA 23219. (UPS, Fed Ex or other delivery services are considered hand delivery and must arrive at DHCD before 5 p.m., May 1st.) Late applications are handled on a first come, first served basis, and may only receive tax credits if an outstanding tax credit balance for the program remains for that year.